	KPENSE CLAIN	/1				nd Privac						00 PG	-	
STD 262 (REV. 10/9)	2)			Stateme		PLOYEE NUM			DEPARTMEN	Page	1	of ′	1	
John Cruz									DE ANTIME	••				
POSITION CB/ID NUMBER					DIVISION OR BUREAU					INDEX NUMBER				
Appointments Secretary														
RESIDENCE ADDRESS						HEADQUARTERS ADDRESS					TELEPHONE NUMBER			
<u> </u>						1350 Front Street, Suite 6054					100 E			
CITY STATE ZIP						CITY STATE					ZP —			
						San Diego Califor					rnia 92101			
MEALS MEALS						-		TRANSPORTATION						
MONTHUE	LOCATION WHERE EXPENSES	LODGING							CARFARE,	0.000		BUSINESS	TOTAL	
DATE TIME	WERE INCURRED	Lobding	BREAKFAST	LUNCH	DINNER	INCIDENTALS	COST OF TRANS.	TYPE USED	TOLLS,	MILES	CAR USE	EXPENSE	EXPENSE	
					- Divinion		mans.	TWE OSED	FARRING	MILES	AMOUNT		FOR DAY	
3.30.10	Membership Dues				ļ						0,00	100.00	100.0	
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0115	TOTAL 0	0.00	0.00		9 - 2									
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SOLOWIN CODE	(ACCTO. DEL CIVE)			i i	i de la constanta de la consta									
CLAI	M TOTAL											\$100	0.00	
PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)										NORMAL WORK HOURS				
3.30.10 = Mem	bership fee for the	State Ba	r of Calit	ornia										
										PRIVATE VEHICLE LICENSE NUMBER				
									[,	MILEAGE F	RATE CLAIM	/IED		
										AGENC	Y ACCOU	NTING O	FFICE	
HEREBY CERTIFY, TI	nat the above is a true stater	ment of the tra	avel expenses	incurred by	me in accord	lance with DP	A rules in the	e service of th	e State of		USEO	NLY		
California If a privately	owned vehicle was used ar	nd if mileage	exceeds the r	ninimum rate	e, I certify the	cost of the op	erating the v	ehicle was ed	ual to or	PAID BY	REVOLVING FU	IND CHECK NO	MBEH.	
reater than the rate cla	aimed, and that I have met th	ne requiremen	nts as prescrit	bed by SAM	Sections 075	0, 0751,0752	, 0753 and 0	754		- )	111	175	2	
ertaining to vehicle sal	ety and seat belt usage									9	711	)'/	)	
Дил	200		c	DATE /	, 7	SIGNATURE O	F OFFICER AF	PROVIN	- 5A	YMENT	D	ATE I	,	
				5/18	10							5/.	1	
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